



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Singer et al.

Serial No.: 10/040,717

For: ILLUMINATION SYSTEM WITH RASTER ELEMENTS OF
DIFFERENT SIZES

Filed: January 7, 2002

Examiner: Allen C. Ho

Art Unit: 2882

Confirmation No.: 1778

Customer No.: 27,623

Attorney Docket No.: 637.0016USU

AMENDMENT AFTER FINAL ACTION UNDER 37 C.F.R. 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants are submitting the present document in response to a Final Action dated June 17, 2004 (hereinafter "the Office Action") for the above-noted application. Please amend the application as follows:

Amendments to Claims begin on page 2 of this paper.

Remarks begin on page 7 of this paper.

09/27/2004 CMODRE 00000001 010467 10040717

01 FC:1253 950.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10040717

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL		OR TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	19	Minus	20	-
Independent	8	Minus	3	5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		OR XS18=	
X43=		OR X86=	430
+145=		OR +290=	
TOTAL ADDIT FEE		OR TOTAL ADDIT FEE	430

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	17	Minus	20	/
Independent	10	Minus	8	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=	/	OR XS18=	
X43=	/	OR X86=	
+145=	/	OR +290=	
TOTAL ADDIT FEE		OR TOTAL ADDIT FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total				
Independent				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	AUDI- TIONAL FEE	RATE	AUDI- TIONAL FEE
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT FEE		OR TOTAL ADDIT FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.